



Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur

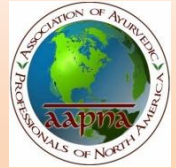
KAUMARCON- 2019

THREE DAYS INTER NATIONAL CONFERENCE

ON

Mother And Child Health Care Through Ayurveda

Dated 1-3 February 2019



Registration Details

Registration Fees

Foreign Delegates- 200 \$

NRI Delegates- 200 \$

Indian Delegates- Rs 3000

Fees includes registration kit, Three breakfast, Three lunch, Two dinner and local sight seen.

No accommodation and travel facility will be provided by the organizers but on prior information the accommodation committee will help to arrange the same.

Fee Payment Mode

- On-line payment may be done in favor of Registrar, Dr S R Rajasthan Ayurved University, Jodhpur in [State Bank of India Branch Karwar, Jodhpur](#) to the account number **65237287139 IFSC SBIN0051092**.
- Last date of Registration -31 December 2018
- NO SPOT REGISTRATION
- Please send scan copy of dully filled registration form along with payment receipt via email before last date of registration. Email Id:- kaumarcon2019@gmail.com
- Registration form is available on official website of the university.

www.education.rajasthan.gov.in/raujodhpur

Guidelines for Abstract/Paper Submission

All abstract / full papers should be in word files using 12pt fonts. Times New Roman and mailed to kaumarcon2019@gmail.com.

Last Date of submission of abstract - 15 December 2018

Last Date of Submission of Full Paper - 31 December 2018

Abstract should limit to 200 words and given the full title of the paper. Name of the author(s), a concise overview of the presentation, including objectives, scope, major issues, conclusions and five keywords.

Guidelines for Poster Presentation

Size: 3 x 2 feet

Title: Should be mentioned at the top of poster

Photo / Graphs: According to setup

Fonts: Arial

Contact Us

Chief Coordinator

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PG Department of Kaumarbhritya

Dr S R Rajasthan Ayurved University

Official website-

www.education.rajasthan.gov.in/raujodhpur



Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur

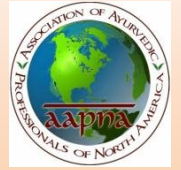
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REGISTRATION FORM

(Last date 31 December 2018)

Name : Prof./ Dr./ Mr./Ms(capital letter).....

Sex : Male Female

Designation/ Profession:

Qualification:.....

Institution:

Address:

City/Town:

E-Mail:

Mob:.....

Title of the Abstract:

.....
.....

Preferred: Oral Presentation Poster Delegate

Fee Details: DD no. /NEFT /UTR NO. /..... Dated:..... Amount:.....

Date :

Place:

Participant's Signature

NB.

All abstract and full papers should be in word files using 12pt fonts. Times New Roman and mailed to kaumarcon2019@gmail.com **upto 15 December 2018 & 31 December 2018 respectively** **along with scan copy of dully filled registration form & payment receipt on** Email Id:- kaumarcon2019@gmail.com